

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Pharmaceutical Research & Manufacturers of America Better Government Committee

ADDRESS (number and street) ▼

950 F Street, NW

Suite 300

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00021972

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y
06 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Anne Holmes

Signature of Treasurer

Anne Holmes

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 30 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Pharmaceutical Research & Manufacturers of America Better Government Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		76822.20
(b) Cash on Hand at Beginning of Reporting Period.....	76822.20	
(c) Total Receipts (from Line 19)	54814.54	54814.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	131636.74	131636.74
7. Total Disbursements (from Line 31)	51735.40	51735.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	79901.34	79901.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Pharmaceutical Research & Manufacturers of America Better Government Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	43217.84	43217.84
(ii) Unitemized	1596.70	1596.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	44814.54	44814.54
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	54814.54	54814.54
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	54814.54	54814.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	54814.54	54814.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51500.00	51500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	235.40	235.40
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	51735.40	51735.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51735.40	51735.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	54814.54	54814.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54814.54	54814.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Leo A. Farber

Mailing Address 950 F Street, NW

City
Washington

State Zip Code
DC 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr. Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2013

Transaction ID : 50044036

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Tara Ryan

Mailing Address 950 F Street, NW
Suite 300

City
Washington

State Zip Code
DC 20004-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.96

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1338084327872

Amount of Each Receipt this Period

519.96

P/R Deduction (\$43.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Jennifer Page Wall

Mailing Address 950 F Street, NW
Suite 300

City
Washington

State Zip Code
DC 20004-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.04

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1338085627872

Amount of Each Receipt this Period

650.04

P/R Deduction (\$54.17 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1420.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Clement Cypra

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Deputy VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1342353727872

Amount of Each Receipt this Period

1248.00

P/R Deduction (\$104.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Matthew SulkalaMailing Address 950 F Street, NW
Suite 300

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1387142427872

Amount of Each Receipt this Period

2499.00

P/R Deduction (\$208.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Thomas HardawayMailing Address 950 F Street, NW
Suite 300

City

Washington

State

DC

Zip Code

20004-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1407527627872

Amount of Each Receipt this Period

300.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

4047.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Valerie Jewett

Mailing Address 950 F Street, NW
Suite 300

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.96

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1416900927872

Amount of Each Receipt this Period

846.96

P/R Deduction (\$70.58 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Jeff Woodhouse

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1521550927872

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Lea Fisher

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director, Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1698847627872

Amount of Each Receipt this Period

900.00

P/R Deduction (\$75.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

2346.96

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Sandra J. Dickerson

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				3	0				2	0	1	3

Transaction ID : PR1727896227872

Amount of Each Receipt this Period

600.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Jeffrey A. Bond

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

SVP, State Govt Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				3	0				2	0	1	3

Transaction ID : PR1759644927872

Amount of Each Receipt this Period

900.00

P/R Deduction (\$75.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Anne Holmes

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHRMA

Occupation

Sr. Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				3	0				2	0	1	3

Transaction ID : PR180533627872

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

2100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Merrill Jacobs

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHRMA

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1299.96

Date of Receipt

06 / 30 / 2013

Transaction ID : PR180533827872

Amount of Each Receipt this Period

1299.96

P/R Deduction (\$108.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. John O'Connor

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHRMA

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.88

Date of Receipt

06 / 30 / 2013

Transaction ID : PR180535027872

Amount of Each Receipt this Period

299.88

P/R Deduction (\$24.99 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Richard Smith

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

06 / 30 / 2013

Transaction ID : PR180535927872

Amount of Each Receipt this Period

1040.00

P/R Deduction (\$104.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

2639.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. John J. Castellani

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1828048027872

Amount of Each Receipt this Period

2499.00

P/R Deduction (\$208.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Chip Davis

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

EVP, Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1849830227872

Amount of Each Receipt this Period

2499.00

P/R Deduction (\$208.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Jenny Wolff Cline

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1856317227872

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

5598.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Naomi Morales

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

VP, HR & Admin

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1856318427872

Amount of Each Receipt this Period

600.00

P/R Deduction (\$200.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Josephine Martin

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

EVP, Public Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1872660827872

Amount of Each Receipt this Period

2700.00

P/R Deduction (\$225.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Kimberly Love

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1884612427872

Amount of Each Receipt this Period

1248.00

P/R Deduction (\$104.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

4548.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Romans

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr. Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1902212727872

Amount of Each Receipt this Period

1248.00

P/R Deduction (\$104.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Cara Moon

Mailing Address 950 F Street, NW
Suite 300

City

Washington

State

DC

Zip Code

20004-1440

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1923874727872

Amount of Each Receipt this Period

900.00

P/R Deduction (\$75.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Matthew Bennett

Mailing Address 950 F Street, NW
Suite 300

City

Washington

State

DC

Zip Code

20004-1440

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr. VP, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1932280127872

Amount of Each Receipt this Period

2499.00

P/R Deduction (\$208.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

4647.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Scott LaGanga

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Deputy VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2013

Transaction ID : PR1942076627872

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Jay Taylor

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2013

Transaction ID : PR1952911327872

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Lucia Cretella Lynch

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Deputy VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2013

Transaction ID : PR1965270627872

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Jill Kronisch

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr. Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1965270727872

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Christian Clymer

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Deputy VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1965270827872

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Neassa Kaelan Hollon

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1965270927872

Amount of Each Receipt this Period

300.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Karl Uhendorf

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

VP-Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1966405927872

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Andrea Jean Douglas

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr. Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1976885227872

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Elizabeth A. Lane

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

HR Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1978739427872

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

1800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Leslie Wood

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr. Director, State Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1978739527872

Amount of Each Receipt this Period

360.00

P/R Deduction (\$30.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Colleen Maloney

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director, Federal Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1980251527872

Amount of Each Receipt this Period

600.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Lori Kendrick

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director, Board Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1983560027872

Amount of Each Receipt this Period

300.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

1260.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. James 'Mit' Spears

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1983731827872

Amount of Each Receipt this Period

2499.00

P/R Deduction (\$208.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Shannon Graham

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Deputy VP-Federal Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR1985816127872

Amount of Each Receipt this Period

1248.00

P/R Deduction (\$104.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Michelle Artz

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr. Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2007427327872

Amount of Each Receipt this Period

1248.00

P/R Deduction (\$104.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

4995.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Jocelyn Ulrich

Mailing Address 950 F Street

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	3		

Transaction ID : PR2023737727872

Amount of Each Receipt this Period

420.00

P/R Deduction (\$35.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Nick Shipley

Mailing Address 950 F Street, NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr. Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	3		

Transaction ID : PR2028383827872

Amount of Each Receipt this Period

1248.00

P/R Deduction (\$104.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Tracy Napper

Mailing Address 950 F Street NW

City

Washington

State

DC

Zip Code

20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Sr Mgr, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	3		

Transaction ID : PR2033625027872

Amount of Each Receipt this Period

225.00

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

1893.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Peter Fotos

Mailing Address 950 F Street, NW

City
Washington

State Zip Code
DC 20004-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director, Fed Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR2039979127872

Amount of Each Receipt this Period

350.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Robert Filippone

Mailing Address 950 F Street, NW

City
Washington

State Zip Code
DC 20004-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.04

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR533051127872

Amount of Each Receipt this Period

1025.04

P/R Deduction (\$85.42 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Lori Reilly

Mailing Address 950 F Street, NW

City
Washington

State Zip Code
DC 20004-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

PhRMA

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2013

Transaction ID : PR917374927872

Amount of Each Receipt this Period

1248.00

P/R Deduction (\$104.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2623.04

43217.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 36

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Pfizer PAC

Mailing Address 325 7th Street, NW

City
Washington

State Zip Code
DC 20004

FEC ID number of contributing
federal political committee.

C C00016683

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 11 / 2013

Transaction ID : 50227042

Amount of Each Receipt this Period

5000.00

Contribution from Federal PAC

Full Name (Last, First, Middle Initial)

B. AbbVie

Mailing Address #1 N. Waukegan Rd

City
N. Chicago

State Zip Code
IL 60064

FEC ID number of contributing
federal political committee.

C C00536573

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / 02 / 2013

Transaction ID : 50502571

Amount of Each Receipt this Period

5000.00

Contribution from Federal PAC

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Robert Aderholt For CongressMailing Address 20 F Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Robert AderholtOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : 50080796

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Walden For Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Gregory P. WaldenOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : 50080805

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lance For Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Leonard LanceOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : 50080858

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Bill Cassidy For Congress

Mailing Address 8550 United Plaza Blvd., Suite 100

City
Baton RougeState
LAZip Code
70809

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Bill Cassidy MD

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : 50080859

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy For Congress

Mailing Address PO Box 12667

City
BakersfieldState
CAZip Code
93389

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Kevin McCarthy

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : 50080861

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Matheson For CongressMailing Address P.O. Box 521048
Suite ACity
Salt Lake CityState
UTZip Code
84152

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. James D. Matheson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: UT

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : 50080864

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frank Pallone Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : 50080866

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City	State	Zip Code
Jenkintown	PA	19046

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Allyson Schwartz

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : 50080872

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kind For Congress CommitteeMailing Address 205 5th Avenue South
Suite 428

City	State	Zip Code
La Crosse	WI	54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ron Kind

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : 50080873

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Hoyer For CongressMailing Address 607 14th Street, Nw
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

Rep. Steny H. HoyerOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : 50080874

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement

011

Candidate Name

Mr. John BarrassoOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : 50080875

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement

011

Candidate Name

Sen. Mitch McConnellOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : 50080876

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

4500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Pat Roberts For U S Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Mailing Address PO Box 433

City	State	Zip Code
Great Bend	KS	67530

Transaction ID : 50080879

Purpose of Disbursement

011

Amount of Each Disbursement this Period

500.00

Candidate Name

Sen. Pat RobertsCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District:

Full Name (Last, First, Middle Initial)

B. Pat Roberts For U S Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Mailing Address PO Box 433

City	State	Zip Code
Great Bend	KS	67530

Transaction ID : 50080880

Purpose of Disbursement

011

Amount of Each Disbursement this Period

500.00

Candidate Name

Sen. Pat RobertsCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District:

Full Name (Last, First, Middle Initial)

C. Texans For Senator John Cornyn Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Mailing Address PO Box 13026
Suite 180

City	State	Zip Code
Austin	TX	78711

Transaction ID : 50080883

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Sen. John CornynCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Max Baucus

Mailing Address PO Box 586

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement

011

Candidate Name

Sen. Max BaucusCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : 50080885

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Scalise For Congress

Mailing Address PO Box 23219

City	State	Zip Code
Jefferson	LA	70183

Purpose of Disbursement

011

Candidate Name

Rep. Steve ScaliseCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2013

Transaction ID : 50080886

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address P.O. Box 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement

011

Candidate Name

Rep. William J. Pascrell Jr.Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2013

Transaction ID : 50476732

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Pitts

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement

011

Candidate Name

Rep. Joseph Pitts

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2013

Transaction ID : 50476733

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Jim Clyburn

Mailing Address PO Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement

011

Candidate Name

Rep. James E. Clyburn

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2013

Transaction ID : 50476734

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Roskam For Congress Committee

Mailing Address P. O. Box 713

City	State	Zip Code
Wheaton	IL	60187

Purpose of Disbursement

011

Candidate Name

Rep. Peter Roskam

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2013

Transaction ID : 51593301

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Frelinghuysen For Congress

Mailing Address 19 Cattano Avenue

City	State	Zip Code
Morristown	NJ	07960

Purpose of Disbursement

011

Candidate Name

Rep. Rodney P. FrelinghuysenCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2013

Transaction ID : 51593302

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Upton For All Of Us

Mailing Address P.O. Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement

011

Candidate Name

Rep. Frederick Stephen UptonCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2013

Transaction ID : 51593303

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Ryan For Congress

Mailing Address P. O. Box 1919

City	State	Zip Code
Janesville	WI	53547

Purpose of Disbursement

011

Candidate Name

Rep. Paul RyanCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2013

Transaction ID : 51593304

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Lone Star Leadership PAC

Mailing Address 104 Hume Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement
Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2013

Transaction ID : 51593307

Amount of Each Disbursement this Period

1000.00

Federal Contribution

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Linda Sanchez

Mailing Address P.O. Box 6162

City	State	Zip Code
Lakewood	CA	90714

Purpose of Disbursement

Candidate Name

Rep. Linda Sanchez

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 39

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2013

Transaction ID : 51593309

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of John Barrow

Mailing Address PO Box 8166

City	State	Zip Code
Savannah	GA	31412

Purpose of Disbursement

Candidate Name

Rep. John Barrow

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: GA	District: 12

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2013

Transaction ID : 51593310

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Pharmaceutical Research & Manufacturers of America Better Government Committee

M M / D D / Y Y Y Y
 06 02 2013

011

State: MI District: 15

MM / DD / YYYY

011

1000.00

State: DE District: 00

011

1000.00

State: OR District: 05

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Friends Of John Barrasso

Mailing Address PO Box 52008

City	State	Zip Code
Casper	WY	82605

Purpose of Disbursement

011

Candidate Name

Mr. John Barrasso

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2013

Transaction ID : 51593314

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Enzi For Us Senate

Mailing Address PO Box 2775

City	State	Zip Code
Cody	WY	82414

Purpose of Disbursement

011

Candidate Name

Sen. Michael B. Enzi

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2013

Transaction ID : 51593315

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Glacier PACMailing Address 818 Connecticut Ave., NW
Suite 1100

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement
Federal Contribution

011

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2013

Transaction ID : 51593316

Amount of Each Disbursement this Period

2500.00

Federal Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Common Sense Colorado PACMailing Address 236 Massachusetts Ave., NE
Suite 209

City Washington State DC Zip Code 20002

Purpose of Disbursement
Federal Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2013

Transaction ID : 51593321

Amount of Each Disbursement this Period

1000.00

Federal Contribution

Full Name (Last, First, Middle Initial)

B. People For Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement

Candidate Name

Sen. Patty MurrayOffice Sought: ☐ House
☒ Senate
☐ President
State: WA District:Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2013

Transaction ID : 51593322

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Portman For Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

Candidate Name

Sen. Rob PortmanOffice Sought: ☐ House
☒ Senate
☐ President
State: OH District:Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2013

Transaction ID : 51593582

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Boehner for Speaker

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2013

Mailing Address c/o Lisa Lisker
320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Joint Fundraising Committee contribution

011

Category/
Type**Transaction ID : 51593615**

Amount of Each Disbursement this Period

5000.00

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Joint Fundraising Committee contribution

Full Name (Last, First, Middle Initial)

B. Eric PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2013

Mailing Address 209 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Federal Contribution

011

Category/
Type**Transaction ID : 51757886**

Amount of Each Disbursement this Period

2000.00

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Federal Contribution

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

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Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

51500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 19748

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2013

Transaction ID : 52226934

Amount of Each Disbursement this Period

50.34

Bank fees

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.34

50.34
